

EXPRESS MAIL NO. EL897860863US

PTO/SB/17 (11-00)  
Approved for use through 10/31/2002. OMB 0651-0032

**Complete if Known**

**FEE TRANSMITTAL**  
for FY 2002

Patent fees are subject to annual revision JAN 14 2002

**TOTAL AMOUNT OF PAYMENT** (\$)  
140

Application Number	09/685,696
Filing Date	October 9, 2000
First Named Inventor	Tongtong Wang
Examiner Name	S. Chin
Group Art Unit	1633
Attorney Docket No.	210121.455C13

JAN 24 2002

RECEIVED

**METHOD OF PAYMENT**

- 1.**  The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

**Deposit  
Account  
Number**

**Deposit  
Account  
Name**

- Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 and credit any overpayment to Deposit Account Number above.

Applicant claims small entity status. See 37 CFR 1.27

2.  Payment Enclosed.

Check     Credit card     Money Order     Other

## **FEE CALCULATION**

**1. BASIC FILING FEE**

<b>Large Entity</b>	<b>Small Entity</b>				
<b>Fee Code</b>	<b>Fee (\$)</b>	<b>Fee Code</b>	<b>Fee (\$)</b>	<b>Fee Description</b>	<b>Fee Paid</b>
101	740	201	370	Utility filing fee	
106	330	206	165	Design filing fee	
107	510	207	255	Plant filing fee	
108	740	208	370	Reissue filing fee	
114	160	214	80	Provisional filing fee	
<b>SUBTOTAL (1)</b>					<b>(\$)</b>

**2. EXTRA CLAIM FEES**

Total Claims	<input type="text"/>	Extra Claims	<input type="text"/>	Fee from below	<input type="text"/>	=	Fee Paid
Independent Claims	<input type="text"/>	-** =	<input type="text" value="0"/>	*	<input type="text"/>	=	<input type="text" value="0"/>
Multiple Dependent	<input type="text"/>	-** =	<input type="text" value="0"/>	*	<input type="text"/>	=	<input type="text" value="0"/>
				*	<input type="text"/>	=	<input type="text"/>

<b>Large Entity</b>	<b>Small Entity</b>		
<b>Fee Code</b>	<b>Fee (\$)</b>	<b>Fee Code (\$)</b>	<b>Fee Description</b>
103	18	203	9 Claims in excess of 20
102	84	202	42 Independent claims in excess of 3
104	280	204	140 Multiple dependent claim, if not paid
109	84	209	42 ** Reissue independent claims over original patent
110	18	210	9 ** Reissue claims in excess of 20 and over original patent
<b>SUBTOTAL (2)</b>		<b>(\$)</b>	

**\*\***or number previously paid, if greater; For Reissues, see above.

**SUBMITTED BY**

Name (Print/Type)	<b>Jeffrey Hundley</b>	Registration No. Attorney/Agent)	<b>42,676</b>
Firm Name/ Address			
Signature		Date	1/14/02

A standard linear barcode is located at the bottom right of the page, consisting of vertical black lines of varying widths on a white background.

00300  
PATENT TRADEMARK OFFICE

PATENT TRADEMARK OFFICE